POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*SM2*	68903	021700
O.I.P.E. CLASSIFIER	*RSD*		3/3/50
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		*605714*	*4-5-00*

INDEX OF CLAIMS

✔	...... Rejected		N	...... Non-elected
=	...... Allowed		I	...... Interference
—	(Through numeral)... Canceled		A	...... Appeal
÷	...... Restricted		O	...... Objected

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If more than 150 claims or 10 actions
staple additional sheet here

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